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TRANSMITTAL FORM (10 be used for all correspondence after initial filing)		Application Number		09/255,777	
		Filing Date		February 23, 1999	
		al filing)	First Named Inventor		Shunpei YAMAZAKI et al.
		Group Art Unit		2812	
		Examiner Name		R. Booth	
Total Number of Pages in This Submission		Attorney Docket Number	r	74065-001936	
		ENCLOSUI	RES (check all that apply	v)	
Fee Transmittal Form Assignm (for an Assign		g-related Papers to Convert to a nal Application f Attorney, Revocation of Correspondence 1 Disclaimer for Refund nber of CD(s)	Transr	After Allowance Communication to Group Request for Continued Examination mittal (RCE) TECHNOLOGY CENTER 2800 TECHNOLOGY CENTER 2800 y authorized to charge any additional fees ints to Deposit Account No. 19-2380 for ler.	
	SIGNATUR	RE OF APPL	CANT, ATTORNEY,	OR A	GENT
Firm Or Individual name	Jeffrey L. Costellia, Reg. No.: 35,483 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22012				
Signature	Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
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Date

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FEE TRANSMITTAL Pater jees are subject to annual revision.		Complete if Known			
		Application Number	09/255,777		
		Filing Date	February 23, 1999		
		First Named Inventor	Shunpei YAMAZAKI et al.		
		Examiner Name	R. Booth		
		Group Art Unit	2812		
TOTAL AMOUNT OF PAYMENT	(\$) 1,030.00	Attorney Docket No.	740756-1936		

Pater fees are subject to annual revision.	Group Art Unit 2812					
TOTAL AMOUNT OF PAYMENT (\$) 1,030.00	Attorney Docket No. 740756-1936					
	FEE CALCULATION (continued)					
1. E The Commissioner is hereby authorized to charge indicated	3. ADDITIONAL FEES					
The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	Large Small					
	Entity Entity					
Deposit Account 19-2380	Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid					
Number	rg rg					
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Deposit Account Nixon Peabody LLP	127 50 227 25 Surcharge – late provisional filing fee or cover sheet. 139 130 139 130 Non-English transaction					
Name	$ \cdot $					
Charge Any Additional Fee Required	112 0208 112 0208 Danisatina multipation of CID major to Evaminar action.					
Under 37 CFR 1.16 and 1.17	The state of the s					
Applicant claims small entity status.	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month S+10.00					
See 37 CFR 1.27						
2. E Payment Enclosed:	116 400 200 Extension for reply within second month					
Check Credit Card Money Other	117 920 460 460 Extension for reply within third month					
Order	118 1,440 720 720 Extension for reply within fourth month					
FEE CALCULATION	128 1,960 228 980 Extension for reply within fifth month					
1. BASIC FILING FEE Large Entity Small Entity	119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal					
Fee Fee Fee Fee Description	121 280 221 140 Request for oral hearing					
Code (\$) Code (\$) Fee Paid	138 1,510 138 1,510 Petition to institute a public use proceeding					
101 740 201 370 Utility filing fee	140 110 240 55 Petition to revive – unavoidable					
106 330 206 165 Design filing fee	141 1,280 241 640 Petition to revive – unintentional					
107 510 207 255 Plant filing fee	142 1,280 242 640 Utility issue fee (or reissue)					
108 740 208 370 Reissue filing fee	143 460 243 230 Design issue fee					
114 160 214 80 Provisional filing fee	144 620 244 310 Plant issue fee					
SUBTOTAL (1) (\$)	122 130 122 130 Petitions to the Commissioner					
2. EXTRA CLAIM FEES	123 50 123 50 Processing fee under 37 CR 1.17(q)					
Fee from	126 180 126 180 Submission of Information Disclosure Stmt					
Total Claims	581 40 581 40 Recording each patent assignment per property (times number of properties)					
Independent3** = X =	146 740 246 370 Filing a submission after final rejection (37 CFR					
Claims Multiple Dependent =	§ 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.29(b))					
Large Entity Small Entity	179 740 279 370 Request for Continued Examination (RCE) \$740.00					
Fee Fee Fee Fee Description Code (\$) Code (\$)	169 900 169 900 Request for expedited examination of a design					
	application					
103 18 203 9 Claims in excess of 20	Other fee (specify)					
102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid	AD A LA DE LEVIL DE LA DELLA CALLACTER DE LA C					
	* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 850.00					
109 84 209 42 ** Reissue independent claims over original patent						
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with					
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SUBMITTED BY	Complete (if applicable)					
Name (Print/Type) Jeffrey L. Costellia	Registration No. 35,483 Telephone (703) 790-91.10					
Signature /// / Could	Date 1/21/1)					
CITY CHYNON	1//-//					